

SECTION 1

- COMMAND, CONTROL AND PROCEDURES -

The Massachusetts Department of Public Health (MDPH) will work with local public health agencies and with the Massachusetts Emergency Management Agency (MEMA) and other public safety partners to mitigate and respond to the impact of pandemic influenza. The command structure and operations as described throughout all MDPH emergency plans and responses will comply with standards established in the National Incident Management System (NIMS).

The Commissioner of MDPH shall have authority over all public health issues and the Department's command and control structure throughout the course of a pandemic.

MDPH, as lead agency for Emergency Support Function 8 of the Statewide Comprehensive Emergency Management Plan, will work with MEMA and public safety partners to assist with the coordinating the healthcare infrastructure and local public health response efforts. The Department shall carry out the following functions:

- Ongoing assessment of the public health and medical scope and impact of the event
- Disease surveillance
- Timely reporting of information to appropriate staff , partners and the public
- Management of public health and healthcare system standards
- Promotion of continuity of operations within all public health agencies
- Assistance with surge response, to include health and medical personnel, material, and establishment of Influenza Specialty Care Unit (ISCU) alternate care sites and other triage and evaluation centers as needed) medical materiel, volunteers
- Assessment of environmental health concerns
- Assistance with community health system recovery

Local Public Health

Local public health agencies including Boards of Health, Health Departments, and health districts) working cooperatively with community public safety officials will have primary responsibility for response and recovery from the health consequences resulting from any event that threatens community health or the local public health infrastructure, including pandemic influenza and other disasters.

Local public health agencies will also work through the Public Health Emergency Preparedness coalitions to address community needs and the availability of coalition-wide resources to mitigate the impact of an emergency event on the community. Local public health agencies will coordinate healthcare efforts with local hospitals and influenza specialty care units (ISCU's), and community healthcare resources. Local public health will also address environmental health issues including infection control measures and enforcement of isolation and quarantine requirements if needed. Local health agencies shall also be responsible for providing health related information to municipal officials, assisting with risk communication efforts, and for providing public health representation on Local Emergency Planning Committees (LEPCs) and assisting with the coordination of public health emergency response at the local Emergency Operations Center during activations.

Wampanoag Tribe

Local public health agencies and health coalitions and MDPH will work cooperatively with the Wampanoag Tribe of Gay Head (Aquinnah) and its corresponding emergency preparedness coalition to address the effect of all emergency events threatening the tribe.

Healthcare

MDPH will provide assistance to healthcare facilities by coordinating the distribution of medical materiel, communications support and other assistance to alternate care sites for hospitals MDPH will work in collaboration with local health agencies who will provide direct assistance to hospitals with their selection and implementation of alternate care sites; and provision of volunteers in collaboration with MSAR, local Medical Reserve Corp (MRCs), Citizen Emergency Response Teams (CERTs) and related organizations.

Emergency Response Structure and Incident Command

- ICS and Response Management

The MDPH emergency response structure coordinating with the SEOC will follow the Incident Command System structure and will adhere to the Statewide Comprehensive Emergency Management Plan. Response efforts will be scaled according to the pandemic phase designated by the World Health Organization (WHO).

- Agency Emergency Operations Center

An agency emergency operations center (AEOC) will be activated at the discretion of the Commissioner in response to any state of emergency declared by the Governor if the SEOC is activated with a DPH presence or whenever public health threats requiring a coordinated regional or statewide health response occur. For all declared state emergencies and whenever SEOC is activated by MEMA, coordination between the MDPH AEOC and MEMA shall be effected through the ESF-8 function at the SEOC. For all public health emergencies, the Commissioner, shall identify a command staff including an Incident Commander, Liaison Officer, Public Information Officer and Safety Officer. The Commissioner shall also identify Command Staff Section Chiefs for Planning, Logistics, Operations and Finance. Such command staff shall be located at the AEOC. In the event of a pandemic influenza threat, the MDPH emergency pandemic influenza plan and AEOC will be activated upon declaration of a pandemic by the World Health Organization or evidence of sustained human-to-human transmission anywhere worldwide, or upon discretion of the Commissioner.

The AEOC will be activated at MDPH headquarters or other location as determined by the Commissioner or his/her designee. Consistent with agency COOP/COG plans, Headquarters may be moved to alternate sites depending on other emergency events or the AEOC may have a “virtual” rather than “physical” address.

The AEOC will comprise the Commissioner or his/her designee, and all Command Staff identified above. As needed, the AEOC may also include the Deputy Commissioner, Chief of Staff, and Directors of each of the MDPH Centers, Divisions and Bureaus. One or more of these individuals will most likely be fulfilling Command Staff assignments. The MDPH COOP will be activated to ensure 24/7 staffing of both the AEOC, ESF-8, and MDPH services designated as essential or strategic during a pandemic.

The AEOC will oversee and be the primary conduit for communications and directives from MDPH to and from the ESF-8 function at the SEOC, EOHHS and all other external entities. The AEOC will define the scope of the public health and medical response to the public health threat and will be responsible for outlining and staffing the Incident Command structure including Command staff and the Chiefs of Operations, Planning, Finance and Administration sections. A proposed ICS structure is attached in Fig. 1. The Commissioner will assign MDPH subject matter experts as appropriate for heading Planning, Operations, Finance and Logistics sections. The AEOC will direct MDPH policy and set priorities to be carried out by the Operations Section with support of the Planning, Finance and Logistics Sections.

All significant response policies and decisions will be cleared through the AEOC.

The AEOC will remain active throughout the response and recovery phases of the public health threat or as long as the Commissioner deems necessary.

In addition, the AEOC through the ICS branch structure in conjunction with the ESF 8 function at the SEOC will coordinate MDPH response support efforts to local public health agencies, hospitals, health centers etc. through the emergency preparedness coalitions, municipal emergency operations centers, the MEMA regional offices and regional medical coordinating centers if available.

MEMA Coordination

Coordination with MEMA will be carried out primarily through the AEOC Liaison Officer. As part of a unified command at the SEOC, the MDPH Public Information Officer will work with the MEMA Public Information Office to distribute information related to the public health. This step may occur through activation of a multi agency Joint Information Center (JIC). If A JIC is activated, MDPH will assign the PIO to the JIC and the PIO will remain in constant communication with the MDPH AEOC in order to ensure the most accurate, up to date information is transmitted.

Depending on the nature of the event, MDPH may coordinate regional efforts with MEMA by assigning CEP Regional Public Health Coordinators and Hospital Coordinators as appropriate to Regional MEMA sites during activations. All regional personnel assigned to MEMA regional sites will be coordinated through the Operations branch of the MDPH ICS structure and will ensure that the ESF8 function at the SEOC is informed of all regional activity and requests for state based health and medical support. The ESF8 function at the SEOC will work with MDPH regional personnel and ensure the AEOC is informed and aware of all significant regional activity and requests.

Incident Command Structure

The ICS plan for an infectious disease event (e.g., pandemic influenza) is shown in figure 1.

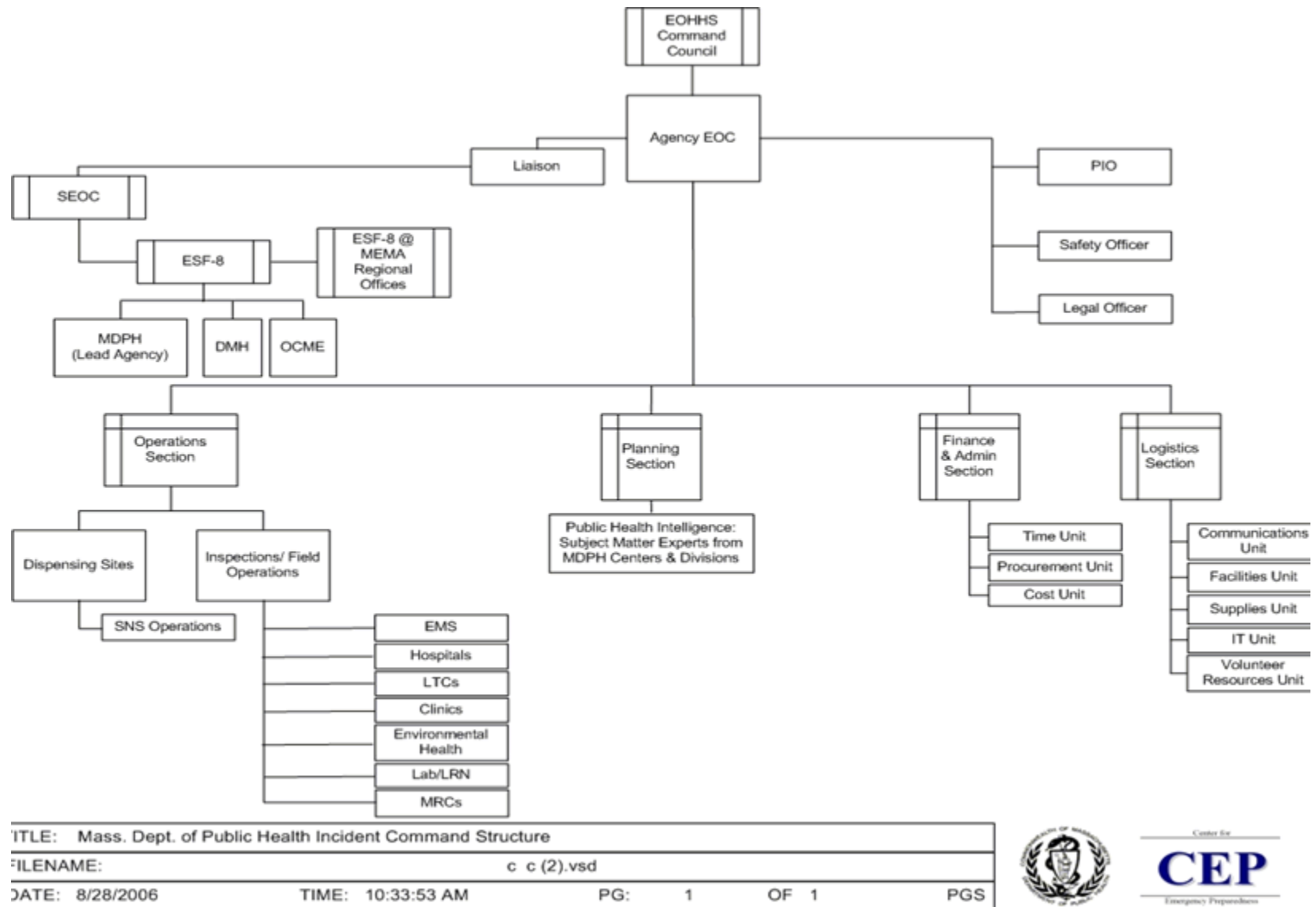


Figure 1.

Command Staff

The Command staff within MDPH shall be appointed by the Commissioner and shall include:

Incident Commander-the MDPH Commissioner or his/her designee familiar with MDPH emergency management plans including all MDPH COOP and COG plans, the Massachusetts Comprehensive Emergency Management Plan, and infectious disease-specific responses.

Liaison Officer-This position is considered senior management within the MDPH ICS. This position will serve as the primary liaison between MDPH Command Staff and senior level management of external agencies including EOHHS, Governor's Office, Executive Office of Public Safety, U.S. DHHS etc. The Liaison Officer represents the Commissioner in discussions with senior policy makers of other agencies that will interact with MDPH and with the MDPH ESF 8 function at the state SEOC during the Pandemic.

Safety Officer—The Safety Officer will be responsible for reporting conditions that may jeopardize the safety of MDPH responders and make determinations relevant to operations that may pose a hazard to staff. For infectious disease emergencies, it is recommended the Safety Officer be the Chief Medical Officer or Director of Epidemiology, or his or her designee knowledgeable in the area of infectious disease control, personal protective equipment, and universal precautions to advise responders and inform risk communications and public outreach efforts. Similarly, environmental conditions stemming from natural disasters shall be addressed by representatives of the Center for Environmental Health.

Public Information Officer (PIO)- The PIO is responsible for directing all MDPH external public communications especially with the media. The PIO is "the voice" of MDPH. This is a critical role during a pandemic since the public will be looking to MDPH for advice and direction. The PIO or his or her designee may be assigned to an inter-agency JIC if such JIC is established.

Sections

Each ICS Section shall be assigned a Section Chief appointed by the Commissioner. The Section Chief is responsible for carrying out all assigned tasks and duties of such Section.

1. Planning

Planning efforts will be managed in a pandemic by the Planning Section Chief, and will involve MDPH subject matter experts who will assist response efforts at each stage of an emergency. SMEs will be available to the AEOC and ESF-8 continuously. The Planning Section is responsible for collecting and analyzing information regarding all pandemic related outbreaks, trends etc. The Planning section is also responsible for making predictions based on analysis of the information gathered. Planning is responsible for creating Incident Action Plans (IAP) for every operational period (usually 12, 16 or 24 hours).

2. Logistics

This section supports the Operations Section and will be made up of several sub units.

-Communications unit-The communications unit will be responsible for maintaining communications capabilities throughout MDPH, its regional offices, local health partners, and the ESF-8 function at the SEOC. This unit will maintain the HHAN, satellite phones, the Nextel phone alert system and all other communications programs or equipment utilized by MDPH.

-Facilities Unit-This unit will ensure the maintenance and safety of all MDPH facilities in which response efforts are maintained and provide support to hospitals in stand up of ISCU's.

-Supplies Unit—The supplies unit will coordinate the provision of all materiel to support the Operations branch and related efforts including SNS materiel, medical equipment for ISCU's, and other supplies.

-IT Unit-The IT unit will maintain all MDPH information systems necessary for an effective response. It will ensure interoperability, security and connectivity of all MDPH I.T. systems.

3. Operations

The Operations Section is responsible for carrying out all activity outlined in the IAPs. Operations directs, coordinates, and carries out all MDPH field response activities. This Section may also be divided into sub-units:

Emergency Dispensing Sites Unit-This unit of the Operations branch will oversee the support activity provided to emergency dispensing sites including the coordination of deployment of assets including SNS materiel, antiviral drugs, vaccines, etc.

Inspections/Field Operations Unit-This unit will include all field operational elements of MDPH that may be involved with direct response to an event in the form of coordination of services, supplies, information, inspections, patient care or regulatory enforcement. All MDPH personnel engaged in pandemic related field response or inspectional/regulatory activity will be directed by this Unit. Such activity includes but is not limited to support and regulatory enforcement of:

- EMS
- Hospitals/ISCU's
- LTCs
- Clinics
- Environmental Health
- Lab/LRN
- MRCs
- Local health/regional system

4. Finance

Finance -This section is responsible for tracking, monitoring, and recording staff time and resource allocation and procurement expenditures. This Section also will be called on to facilitate emergency purchasing, fund distribution and related responsibilities. Units within this section include:

- Procurement
- Cost
- Time Unit

MDPH Centers; Bureaus, and Divisions

All Center, Bureau and Division Directors will initially be assigned to the AEOC as SME's and shall advise the Command Staff on the resources and capabilities of each of their Centers, Bureaus and Divisions and which of their personnel should be assigned to the various Sections. The Directors may be assigned as Section Chiefs or other high level positions within the ICS structure and will work with the Command Staff, Section Chiefs and their own personnel to facilitate creation and implementation of the Incident Action Plans (IAP). The Command Staff in consultation with Directors at the AEOC will determine the most appropriate Section missions which will in turn help determine which personnel should be assigned to what Section. For example – it may be appropriate to assign "staffing" in either Operations or Logistics and such decision will be left to the AEOC with input from the Center, Bureau and Division Directors whose programs contain the most appropriate resources and personnel to fulfill

the mission tasks needed. Although Center, Bureau and Division Directors will be identifying and coordinating staff assignments based on areas of expertise, consistent with MDPH COOP/COG plans, depletion of resources may require individuals be assigned outside of their regular course of business in order to ensure continued operation of vital MDPH functions and services. Such decisions will be made by AEOC in consultation with Center, Bureau and Division Directors.

All MDPH personnel may be assigned specific Pandemic related duties consistent with COOP/COG plans. Response needs and availability of resources and personnel will determine where and how personnel are utilized. The personnel of the following MDPH Centers will most likely be asked to serve the AEOC and Section Chiefs in the below pre-identified roles and responsibilities:

Bureau of Communicable Disease Control personnel will have a major role in the Planning Section by providing disease surveillance service to local public health, and will serve as the intelligence gathering and dissemination point for MDPH's partners at local public health, the SEOC, the Commonwealth Fusion Center (CFC), and the Centers for Disease Control and Preparedness.

State Laboratory Personnel will be part of the Planning and Operations Sections. The SLI will provide testing services to all local health partners and track, analyze and document results of such testing.

Center for Emergency Preparedness (CEP) personnel will be assigned to all Pandemic ICS branches. Major functions of CEP personnel will include scheduling, coordinating, and supervising the activities of MDPH personnel assigned to the ESF 8 function at the SEOC. CEP will also assist the Command Staff and Planning Section with formulating job action sheets in order to ensure continuous staffing of the ICS structure. Subject matter experts on the Strategic National Stockpile plan, special populations, and risk communication will advise the MDPH AEOC. CEP personnel assigned to Planning, Logistics and Operations will also initiate and advise on plans for, mass prophylaxis, and the Chempack program for chemical or hazardous material events.

Center for Patient Safety (CPS) personnel including Hospital Preparedness (HP) Program staff will be assigned to all ICS branches in various roles. CPS/HP communications staff will be assigned to the Logistics Section Communications Unit and be responsible for sending out HHAN alerts to hospitals, health centers, EMS and other healthcare groups as well as working as liaison with Massachusetts Hospital Association, Mass Nurses Association etc. to ensure appropriate messages get sent to all of their members. CPS/HP staff will also coordinate medical volunteer staffing of ISCUs and other facilities including administration of the MSAR (Massachusetts System for Advance Registration) program. CPS/HP staff shall work with OEMS, MEMA, DFS and regional fire control points to coordinate activation and movement of ambulance task forces. CPS/HP regional personnel will be utilized to staff ESF8 functions at regional EOC's and RMCC's if established and will serve as liaisons to the emergency preparedness command staffs at the hospitals within their regions.

Division of Health Care Quality (DHCQ) personnel will be utilized primarily in the Planning and Operations Sections. DHCQ SME's will be utilized in Planning to advise AEOC Command Staff in determining policy regarding regulatory enforcement, licensure waivers etc. governing healthcare facilities including ISCUs. DHCQ field personnel will be utilized to investigate complaints and assure the safe, compliant operations of healthcare facilities such as ISCUs.

State Hospitals personnel will primarily be utilized to implement the COOP plans of the 5 State Hospital facilities to ensure that they continue to provide vital services during the Pandemic. The Director of State Hospital or his/her designee will be assigned to the AEOC in order to advise the Command Staff of the status of personnel and services available at the hospital facilities. Based on the determination of MDPH needs by the Command Staff and AEOC, State Hospital Staff may also be utilized in Operations and Logistics Sections.

The Center for Environmental Health personnel will be assigned to Operations and Planning and will be utilized to monitor and ensure the coordination of the public health response involving environmental health threats including the food and water supplies, waste disposal issues, and infectious disease prevention measures that may be affected by a pandemic.

The Center for Community Health personnel will most likely be assigned to the Planning Section and will serve as SME's that can assist with the provision of information and referrals to help with substance abuse issues, health insurance, information for special populations, and translations.

MDPH Administration personnel including Divisions of Accounting, Human Resources and Procurement will be assigned to the ICS Finance Section.

Plan Integration with World Health Organization Pandemic Influenza Phases

Interpandemic Phase

During the interpandemic phase, MDPH and partners will take the following steps to ensure preparedness:

1. Continue routine, seasonal delivery of influenza and pneumococcal vaccine to priority groups as specified by ACIP.
2. Update all plans and advisories with respect to new medications, personal protective equipment, healthcare services, and resources available with respect to pandemic influenza.
3. Continue to exercise all plans related to a pandemic influenza response, including the State Risk Communications Plan, SNS Plan, Pandemic Influenza Plan, Continuity of Operations Plan (COOP), and other related plans.
4. Maintain surveillance capacity to detect changes in influenza presentation and incidence throughout the year, and communicate findings to federal and state agencies as appropriate.
5. Work with local public health agencies and public safety partners to maintain plans and awareness of pandemic influenza potential.
6. Procure and stockpile caches of anticipated medical supplies.
7. Establish database of pre-credentialed medical volunteers.

Pandemic Alert Phase

1. Assess healthcare service capacity and modify plans and resource options as necessary.
2. Exercise all plans relevant to pandemic influenza
3. Maintain ongoing influenza surveillance.
4. Reassess COOP and promote continuity planning among all partners.
5. Evaluate and correct as necessary plans for emergency dispensing sites and vaccine delivery system.
6. Develop or modify trainings to ensure preparedness among all partners and audiences.

Pandemic Phase

1. Upon determination of sustained person-to-person transmission of a novel influenza virus anywhere in the world, activate state pandemic plan.
2. Activate COOPs to ensure delivery of critical services.
3. Notify all partners of plan activation and advise on activation of State Comprehensive Emergency Management Plan.
4. Distribute pre-staged resources and attempt to procure non stored resources including pharmaceutical supplies and medical equipment based on epidemiology of novel influenza virus.
5. Provide assistance and support in stand up of ISCUs and management of hospital, outpatient and death surge.
6. Provide accurate and timely information and instruction to public regarding Pandemic response.